

## ISSUE SLIP : TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	VT	69007	5/17/99
O.I.P.E. CLASSIFIER			6/2/99
FORMALITY REVIEW	IA	63390	6/8/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date		
Final	Original	4	9
(1)	-	N	N
(2)	N	N	
(3)	N	N	
(4)	N	N	
5	N	N	
6	N	N	
(7)	N	N	
(8)	✓		
9	✓		
10	✓		
(11)	✓		
12	✓		
13	✓		
14	✓		
15	✓		
16	✓		
17	✓		
18	✓		
19	✓		
20	✓		
21	✓		
22	✓		
(23)	N	N	
24	N	N	
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	N	N	
32	N	N	
33	N	N	
34	N	N	
35	N	N	
36	N	N	
37	N	N	
38	N	N	
39	N	N	
(40)	N	N	
41	N	N	
42	N	N	
43	N	N	
44	N	N	
45	N	N	
46	N	N	
47	N	N	
48	N	N	
49	N	N	
50	✓	N	N

Claim	Date		
Final	Original	4	9
51	-	N	N
52	N	N	
53	N	N	
54	N	N	
(55)	N	N	
56	✓	N	N
(57)		✓	
58		✓	
59		✓	
(60)		✓	
(61)		✓	
(62)		✓	
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Claim	Date		
Final	Original		
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If more than 150 claims or 10 actions  
staple additional sheet her

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